

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

Community Development Department
10,005 East Osborn Road, Scottsdale, AZ 85256
Phone: (480) 362-7656 Fax: (480) 362-7576



SPECIAL USE PERMIT

Permit No. _____ Date: _____

Permit Fee: _____ Business License No. _____

Project _____ Health Permit: _____

Applicant Name: _____

Address: _____ City: _____ State _____ Zip _____

Telephone: _____ Contact Person: _____

Permit Duration: From _____ To _____ Total Days: _____
(date) (date)

Location of Use _____

Landowner/Lessee: _____ Authorization? _____

Authorized Use: _____

Conditions (describe): _____

Applicant hereby waives all claims against the Salt River Pima-Maricopa Indian Community and the United States and agrees to hold the Salt River Indian Community and the United States free and harmless from liability for any loss, damage or injury arising from the use of the premises by Applicant, together with all costs and expenses in connection therewith. I hereby certify that I have read this application and that all information is correct. I further certify that I will comply with all of the provisions hereon.

Applicant: _____ Date: _____

Community Development _____ Date: _____

Tribal Administration: _____ Date: _____

Approved: _____

Disapproved: _____